

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

VARIABLE BLEED SOLENOID

the specification of which

☒ [X] is attached hereto.

☐ [] was filed on _____ as Application Serial No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by an amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application or to the patentability of the invention claimed therein in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority Claim

| | | | | |
|-------------------|--------------------|---------------------------------|--------------|-------------|
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year filed) | _____ Yes | _____ No |
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year filed) | _____ Yes | _____ No |
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year filed) | _____ Yes | _____ No |

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States Provisional application(s) listed below:

PRIOR PROVISIONAL APPLICATIONS

| | |
|--|--|
| _____ 60/258,901 (Application Serial Number) | _____ December 28, 2000 (Month/Day/Year filed) |
| _____ (Application Serial Number) | _____ (Month/Day/Year filed) |

10034826-122801

DECLARATION AND POWER OF ATTORNEY

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application;

| Application Serial No. | Filing Date | Status – patented, pending, abandoned |
|------------------------|-------------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint **Greg Dziegielewski**, Reg. No. 28073, **Marc Luddy**, Reg. No. 33061, and **Philip R. Warn**, Reg. No. 32775, my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I request the Patent and Trademark Office to direct all correspondence relative to this application to:

BorgWarner Inc.
Patent Department
3001 West Big Beaver Road – Suite 200
P.O. Box 5060
Troy, Michigan 48007-5060
Attn: Patent Docket Administrator

and direct all telephone calls to Philip R. Warn at (248) 364-4300.

Full name of sole or first inventor: Garrett Holmes

Inventor's signature: _____

Date: _____

Residence: 1635 North Hadley Road, Ortonville, Michigan 48462

Citizenship: United States of America

Post Office Address: Same as above

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DECLARATION AND POWER OF ATTORNEY

Full name of second inventor: Jeffrey J. Waterstredt

Inventor's signature: _____

Date: _____

Residence: 519 East Sunnybrook Drive, Royal Oak, Michigan 48073

Citizenship: United States of America

Post Office Address: Same as above

Full name of third inventor: _____

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fourth inventor: _____

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fifth inventor: _____

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

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